

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS**  
**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) GABRIEL CRIMZ  
 Name  
 (2) 5700 NE 22<sup>ND</sup> TERRACE  
 Address (number and street)  
FORT LAUDERDALE, FL 33308  
 City, State, Zip Code

OFFICE USE ONLY

2011 DEC 29 AM 11:24

CITY CLERK

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate (office sought): MAYOR OF FORT LAUDERDALE

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 01 / 2011 To 12 / 23 / 2011 Report Type Q4

☒ Original    ☐ Amendment    ☐ Special Election Report    ☐ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 0

Loans    \$ 500.00

Total Monetary    \$ \_\_\_\_\_

In-Kind    \$ 0

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 450.00

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary    \$ 450.00

**(8) Other Distributions**

\$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ 500.00

(10) TOTAL Monetary Expenditures To Date  
\$ 450.00

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) GABRIEL CRIMZ

☐ Individual (only for electioneering commun.)    ☒ Treasurer    ☐ Deputy Treasurer

**X** Gabriel Crimz  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) GABRIEL CRIMZ

☒ Candidate    ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Gabriel Crimz  
Signature

(1) Name GABRIEL CRIMI (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/01/11 through 12/23/11 (4) Page 1 of 1

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name GABRIEL CRIM

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 01 / 11 through 12 / 23 / 11

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11 / 22 / 11	CITY OF FORT LAUDERDALE	FILING Fee	MON		\$ 350 <sup>00</sup>
01	100 N ANDREWS, 7TH FL FT. LAUDERDALE, FL 33301				
11 / 22 / 11	CITY OF FT. LAUDERDALE	Fee	MON		\$ 100 <sup>00</sup>
02	100 N. ANDREWS, 7TH FL FT. LAUDERDALE FL 33301				
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					